



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
INSURANCE DIVISION
500 JAMES ROBERTSON PARKWAY - 4TH FLOOR
NASHVILLE, TENNESSEE 37243-1135

RETALIATORY STATEMENT

Name of Company	Address
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The aforementioned company is applying for admission to Tennessee to write the classes of Insurance shown below and on that account the following information is submitted:

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

Applicant is authorized to write each of the above classes in this state except _____

Applicant is a _____ company.
(stock, mutual, etc.)

A like Tennessee company applying for authority to write the same classes of business in your state would be required to have:

Paid up capital \$ _____

Surplus over liabilities \$ _____

Surplus to policyholders including capital stock \$ _____

A deposit in Tennessee (for the protection of all policyholders). \$ _____

A deposit in your state. \$ _____

A like Tennessee company would be required to pay taxes, fees and other charges as follows:

Fees for admission (itemize)

Annual renewal fees (itemize)

Premium taxes (state basic of computation in detail)

All other charges, taxes and fees, including capital stock tax, fire marshal's tax, privilege tax, etc. (State kinds, basis of computation and dates payable)

A bond would be required of a like Tennessee company in the amount of _____ for the purpose of guaranteeing _____ in accordance with Section _____ of the laws of this state.

NAME: _____

TITLE: _____

DATE: _____